

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

2003 — 03

2. STATE:

Florida

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.110

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 0

b. FFY 2004 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, pages 28 and 43

Attachment 3.1-B, pages 29 and 40

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1-A, pages 28 and 43

Attachment 3.1-B, pages 29 and 40

10. SUBJECT OF AMENDMENT:

Therapy Services—Adult Wheelchair Evaluations

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

will be sent when received

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Bob Sharpe*

13. TYPED NAME:

Bob Sharpe

14. TITLE:

Deputy Secretary for Medicaid

15. DATE SUBMITTED:

March 28, 2003

16. RETURN TO:

Mr. Bob Sharpe  
Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive, building 3, MS#20  
Tallahassee, FL 32308

ATTN: Wendy Johnston

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

March 31, 2003

18. DATE APPROVED:

May 30, 2003

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

*Rhonda R. Cottrell*

21. TYPED NAME:

Rhonda R. Cottrell

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health

23. REMARKS:

1/01/2003      THERAPIES

- (11a)      Physical Therapy: Services are available for non-EPSDT recipients 21 years of age and older in the outpatient and inpatient hospital settings and in nursing facilities, and in community settings for the provision of wheelchair evaluations, re-evaluations, and fittings. Refer to the EPSDT section for EPSDT limitations.
- (11b)      Occupational Therapy: Services are available in nursing facilities for non-EPSDT recipients 21 years of age and older, and in community settings for the provision of wheelchair evaluations, re-evaluations, and fittings. Refer to the EPSDT section for EPSDT limitations.
- (11c)      Speech Therapy: Services are available in nursing facilities for non-EPSDT recipients 21 years of age and older. In addition, for non-EPSDT recipients 21 years of age and older, one initial evaluation for Augmentative and Alternative Communication (AAC) systems and eight (8) 30-minute fitting/adjustment/training sessions for AAC systems are available per person, per device, per year. Refer to the EPSDT section for EPSDT limitations.

Amendment 2003-03  
Effective 1/01/2003  
Supersedes 98-14  
Approved 05/30/03

HOME HEALTH SERVICES

- 5/1/02  
(7a) Home health service visits are limited to no more than four visits per day per recipient. The four visits may be any combination of licensed nurse and home health aide visits.
- 3/14/95  
(7b) Home health aide services are provided under the direction and supervision of a registered nurse.
- 5/1/02 All recipients may receive up to 60 home health visits (any combination of nurse or home health aide) without precertification of medical necessity. Percertification after 60 visits shall be granted only by authorization from the agency or agency designee, based on medical necessity.
- 1/1/93  
(7c) Diabetic supplies, that is, disposable needle/syringe combinations and blood glucose test strips are available without limitation. For non-EPSDT recipients 21 years of age or older, medical supplies, appliances, and durable medical equipment (DME) furnished through a home health agency and/or medical supply/appliance/DME supplier are limited to those items listed in the agency's provider handbook. Refer to EPSDT section for EPSDT limitations.
- 1/1/2003  
(7d) Therapy services are not provided for non-EPSDT recipients 21 years of age and older except with the following exception: physical therapist and occupational therapist initial evaluation for the need for a wheelchair, one follow-up evaluation when the wheelchair is delivered to make adjustments and to fit the wheelchair to the recipient, one follow-up evaluation six (6) months after the wheelchair is delivered to recommend any additional adjustments, and additional re-evaluations that are deemed medically necessary by the primary care provider. Service limitations for EPSDT recipients are listed in the EPSDT section.

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Supercedes 2002-03  
Approved 05/30/03

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